

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005


FILED

05 APR 19 PH 1:43

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A28301

1. Entity Name
 1601 POWERLINE ASSOCIATES, LTD.



Principal Place of Business: 65 WEST 36TH STREET STE. 1200 NEW YORK, NY 10018

Mailing Address: 65 WEST 36TH STREET STE. 1200 NEW YORK, NY 10018

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

03242005 Chg-LP CR2E003 (10/03)

4. FEI Number: 11-2966373

Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent

GUNSTER, YOAKLEY & STEWART, P.A.
 2 SOUTH BISCAYNE BLVD., SUITE 3400
 ATTN: EDGAR LEWIS
 MIAMI, FL 33131-1897

7. Name and Address of New Registered Agent

Name: Valdes - Faulstich Corporate Services Inc

Street Address (P.O. Box Number is Not Acceptable): 2 South Biscayne Blvd

Suite: 3400

City: Miami State: FL Zip Code: 33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Valdes - Faulstich Corporate Services DATE: 4/15/05

9. Capital Contributions as Shown on record: \$900,500.00

10. Amount of Capital Contributions in FLORIDA to date.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M97000000651	STREET ADDRESS	
NAME	H & G II ASSOCIATES, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	65 W 36TH STREET STE. 1200		400054031974
CITY-ST-ZIP	NEW YORK, NY 10018		05/06/05--0115--005 **\$35.00
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Adel J. J. J. J. DATE: 4/15/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #